

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/576,744 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3	2					
4	0					
5	0					
6	0					
7	0					
8	0					
9	0					
10	0					
11	0					
12	0					
13	1					
14		1				
15	2					
16	0					
17	0					
18	0					
19	1					
20		1				
21	1					
22	2					
23	0					
24	0					
25	0					
26		1		1		
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1			1	
38		1		1		
39		1	1	1		
40		1	1	1		
41		1	1	1		
42		1	1	1		
43		1	1	1		
44		1	1	1		
45		1	1	1		
46		1	1	1		
47		1	1	1		
48		1	1	1		
49		1	1	1		
50		1	1	1		
TOTAL IND.					3	5
TOTAL DEP.					23	33
TOTAL CLAIMS					26	38

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	1
52					1	1
53						
54						
55						
56						
57						
58					1	1
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100						
TOTAL IND.					3	5
TOTAL DEP.					23	33
TOTAL CLAIMS					26	38